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AUTHOR Johnson, Patrick B.; Reszka, Diane
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ABSTRACT

Research has shown that differences in perceived control can influence drinking behavior and alcoholic rehabilitation. This study examined the viability of an alcohol-specific locus of control scale. Undergraduate students (41 male and 40 female) completed a demographic questionnaire assessing age, sex, ethnicity, and drinking frequency; Rotter's Internal-External Locus of Control questionnaire; Lau and Ware's Health Locus of Control scale, (HLOC); and the Alcohol Locus of Control scale (ALOC). T-test comparisons revealed that females scored significantly higher than males on self-control of alcoholism and on provider control of alcoholism; males scored significantly higher than females on frequency of drinking; and frequent drinkers scored significantly lower than infrequent drinkers on Rotter's scale, self-control of alcoholism, and provider control of alcoholism. Results showed that the ALOC generated different responses than either Rotter's Internal External Locus of Control scale or the HLOC. Results suggest that locus of control is a dimension of drinking behavior and alcoholism that requires more careful scrutiny. Future research should utilize larger samples to allow for the application of factor analytic techniques and to examine the ALOC scale's validity with clinical population, possibly as a predictor of treatment success. (ABL)

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Alcohol Locus of Control

Patrick B. Johnson and Diane Reszka

Manhattan College

and

The Hispanic Research Center

Fordham University

CG 020805

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1. Title of Paper . Alcohol Locus of Control.

2. Topical Session Preferences . Clinical, Clinical-Diagnosis, Clinical-Deviate Behaviors.

3. Major Purpose . Research has shown that differences in perceived control can influence drinking behavior and alcoholic rehabilitation (Dusenbury, et.al., 1986 and Abbott, 1984). Because of this and because recent research in health psychology has demonstrated the importance of health-specific locus of control scales (Lau, 1982), the present research was designed to examine the viability of an alcohol-specific locus of control scale. It was hypothesized that differences would exist in responses to general and specific locus of control scales and that frequent drinkers would respond differently than infrequent drinkers to the alcohol locus of control scale (ALOC).

4. Subjects . 81 subjects, 41 males and 40 females, enrolled in undergraduate psychology courses participated in the experiment.

5. Procedure . Subjects completed a series of questionnaires during class including a Demographic Questionnaire which provided information on age, sex, ethnicity and drinking frequency. Drinking frequency was assesssed by having subjects answer the following question: How many days in the last 30 did you consume alcohol? In addition, subjects completed Rotter's Internal-External Locus of Control questionnaire and Lau and Ware's Health Locus of Control scale (HLC). The HLC is composed of 28 items which assess four areas related to health control: Chance health outcomes, general threat to health, provider control over health, and self-control over health. Subjects also completed the ALOC questionnaire

which contains 25 items constructed to assess the degree to which alcoholism was the result of chance factors, the extent of general health threat deriving from alcoholism, provider or therapist control over alcoholism, and self-control over alcoholism.

To make comparisons between extreme groups of frequent and infrequent drinkers, subjects were divided into two groups based on their drinking frequency scores. 18 of the males reported frequency scores of 12 or greater and were designated as "frequent" drinkers while 11 males reported scores of 3 or less and were designated as "infrequent" drinkers. For females, 13 reported scores of 10 or more and were placed in the frequent group, while 17 reported scores of 4 or less and were placed in the infrequent group.

6. Results . A series of intercorrelations between the subtests of the various scales revealed r values ranging from +.20 to +.95. Results indicated that although related, the subscales of the HLC and ALOC measured distinct response categories. In addition, results clearly indicated that the ALOC and Rotter's Internal-External Locus of Control scale were only distantly related as the correlations between the I-E scale and the subscales of the ALOC ranged from +.33 to +.83.

T test comparisons revealed the following: Females scored significantly higher than males on self-control of alcoholism ($t=2.18, df=74, p<.05$) and on provider control of alcoholism ($t=1.90$, $df=74$, $p<.06$). Not surprisingly and possibly related to the previous two findings, males scored significantly higher than females on frequency of drinking with means of 10.7 and 5.4 days respectively ($t=3.22$, $df=74$, $p<.01$). Finally, t test comparisons indicated that frequent drinkers

obtained significantly lower scores than infrequent drinkers on Rotter's scale ($t=3.40$, $df=54$, $p<.01$) as well as on self-control of alcoholism ($t=3.76$, $df=54$, $p<.001$) and provider control of alcoholism ($t=1.93$, $df=54$, $p<.06$).

A multiple regression of the frequency data indicated that self-control of alcoholism explained 18% of the variance in drinking frequency ($p<.001$) and that provider control explained an additional 5% of the variance. None of the other variables increased these percentages. Test-retest reliability of the ALOC with 6 weeks elapsing between administrations was .81.

7. Conclusions . The present study has demonstrated that an alcohol-specific locus of control scale generates different responses than either Rotter's I-E scale or a more recently developed health-specific locus of control scale. The results also indicate that at least two subscales of the ALOC are differentially responded to by frequent and infrequent drinkers. In addition, these two subscales accounted for 23% of the variance in overall drinking frequency. It appears that locus of control is a dimension of drinking behavior and alcoholism that requires more careful scrutiny. Future research should utilize larger samples to allow for the application of factor analytic techniques. An attempt should also be made to examine the scales validity with clinical populations, possibly as a predictor of treatment success.

8. References .

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